INVENTORY CHECKLIST DUE DATE: _____

Individual's Name: **DMH#:**

Items	No.	Entrance (New Provider)	No.	Exit (Sending Provider)
Household Items				
Bed				
Dresser				
Mirror				
Night Stand				
Lamp(s)				
Mattress				
TV				
Radio				
Stereo				
DVD				
CD Player				
Video Game(s)				
Couch				
Chair(s)				
End/coffee tables				
Dining Room Set				
VCR				
Dishes				
Flatware				
Pots and Pans				
Toaster				
Skillets				
Microwave oven				
Hangers				
Bed/Bath Linens				
Comforter(s)				
Sheets				
Pillow(s)				
Pillow case(s)				
Bath towel(s)				
Personal Care Products (ISL only)				
Mouthwash				
Deodorant				
Toothpaste				
Toothbrush				
Comb				
Brush				
Soap				
Razor				

Items	No.	Entrance (New Provider)	No.	Exit (Sending Provider)
Clothing				
Undergarments				
Shirts				
Pants				
Shoes				
Socks				
Jacket				
Gloves				
Boots				
Skirts/Dresses				
Sweaters				
Medication				
Doctor's orders for medications within last 30 days.				
Supply of medications in acceptable script, 30 days preferred.				
(List all w/dosage)				
Adaptive Equipment				
Clinical Folder (Please attach to Checklist and Return to Service Coordinator)				
Dental examination w/in last 12 months.				
Medicaid Card.				
Social Security Card, if available.				
Hepatitis Series report and Immunization record. If not available, then statement that it's not available signed by Support Coordinator.				
Pertinent medical information that may include: Tuberculin skin test and results or chest x-ray, screening for contagious diseases, CBC report, urinalysis (UA), consultation reports as appropriate, GYN, ophthalmology, ENT, neurologist, etc.				

Items	No.	**Entrance** (New Provider)	No.	**Exit** (Sending Provider)
Annual physical examination within last 12 months or provider should make appointment to get physical as soon as possible.				
Psychological evaluation, if one has been done.				
Personal Plan, Personal Plan Reviews, Behavior Support Plan.				
Current Monthly Review-last 3 months.				
Emergency Information form.				
Guardianship papers.				
Functional Assessment.				
Spending Money/Start-up				
Miscellaneous Items				

Sending Provider Staff

By signing this Inventory List, you are stating that the above items checked, have been discharged to the provider agency, accompanying the consumer to his/her new home.

Provider Staff Signature _____ Date _____

Receiving Provider Staff

By signing this Inventory List, you are confirming receipt of the above items checked, which have accompanied the consumer to his/her new home.

Provider Staff Signature _____ Date _____

NOTE: Copies shall be given to Sending Provider Agency and the Regional Office.